

ARKANSAS STATE BOARD OF COSMETOLOGY
101 EAST CAPITOL, SUITE 108
LITTLE ROCK, AR 72201
(501) 682-2168

Transfer or Re-Enrollment Form

PLEASE READ CAREFULLY: The purpose of this form is to comply with statutory requirements in A.C.A. 17-26-415(b) to simplify a transfer or re-enrollment process when a student's information is on file with the State Board's office. This form must be filed with the Board prior to the commencement of the student's training. A student will not receive credit for any hours accrued prior to the date that this form and all required attachments are received by the Board's office.

USE THIS FORM when one of the following applies:

- a student is transferring to your school from another school;
- a student in a state-operated or public school is returning after being dropped from the program.

Required Attachments: This form must be accompanied by a copy of the student's drivers license or other form of identification verifying the student's age and a check or money order for the \$10.00 registration fee. Other attachments may be necessary if the following apply:

- If the student is transferring to another school, then a copy of the contract with the new school is required.
- If the student's information on file does not include documentation verifying that the student meets the educational requirements, then proof of education is required.

STUDENT INFORMATION: Print using blue or black ink.

Last Name	First Name (no nickname)	Middle Name			
Maiden Name (if applicable)		List any other <i>last</i> names you have ever used			
Address Where You Receive Mail	Apt. #	City	County	State	Zip Code
Address Where You Live	Apt. #	City	County	State	Zip Code
Phone ()	Gender MALE FEMALE	Race (circle one) Black White Am. Indian Hispanic Asian Alaskan Native			
Marital Status	SSN	Date of Birth	Place of Birth (City, State, Country)		

ENROLLMENT or RE-ENROLLMENT INFORMATION:

School ID #	Name of Enrolling or Re-enrolling Cosmetology School			City	
Type of Cosmetology Training (CIRCLE ONE)	COSMETOLOGY	MANICURE	AESTHETICIAN	INSTRUCTOR	ELECTROLOGY
Date Training to Begin			Number of Hours Enrolling		

Please complete previous school information on back.

Please list all cosmetology schools you have attended:

School Name	City
Approximate date training began	Approximate date training ended

School Name	City
Approximate date training began	Approximate date training ended

School Name	City
Approximate date training began	Approximate date training ended

School Name	City
Approximate date training began	Approximate date training ended

School Name	City
Approximate date training began	Approximate date training ended

I hereby give my permission to the school to release any information contained in my student file to a representative of the Board who is duly authorized to review my records. Further, I give my permission to the Arkansas State Board of Cosmetology to release my examination results to the school for the purpose of documenting my performance on the state licensing examination administered by the Board.

Student	Signature	Today's Date
School Representative	Signature	Today's Date

DO NOT WRITE BELOW THIS AREA – FOR BOARD USE ONLY

ID	Permit	Receipt #	HS	MAT Date
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